DECLARATION FOR UTILITY OR DESIGN PACENT APPLICATION

ATTO EY'S DOCKET NO.: CKIM 3.0-001

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

listed below) of the subject matter which is BEE VENOM TREATMENT V					
is attached hereto	ited States Application Number or P	•	nber and was amended		
I hereby state that I have reviewed and unamendment specifically referred to above.	nderstand the contents of the above-	identified specification, including	the claims, as amended by any		
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.					
I hereby claim foreign priority benefits u certificate or § 365(a) of any PCT internat below and have also identified below any filing date before that of the application or	ional application which designated a foreign application for patent or inv	t least one country other than the	United States of America, listed		
PRIOR FOREIGN APPLICATION(S)					
COUNTRY	APPLICATION NUMBER	DATE OF FILING (month, day, year)	PRIORITY CLAIMED		
			YES NO NO		
			YES NO NO		
			YES NO		
LISTING OF FOREIGN APPLICATIONS CONTINUED ON PAGE 3 HEREOF YES NO					
# hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:					
Application Number: 60/197,261		Filing Date: April 14, 2000			
Application	Number:	Filing Date:			
Thereby claim the benefit under Title 35, application designating the United States of the disclosed in the prior United States or Code, § 112, I acknowledge the duty to Regulations, § 1.56 which became availabilities application:	of America, listed below and, insofa PCT international application in the disclose information which is ma	r as the subject matter of each of manner provided by the first para terial to patentability as defined	the claims of this application is graph of Title 35, United States in Title 37, Code of Federal		
U.S. Parent Application Serial Number:	Parent Filing	Date: Par	ent Patent No.:		
U.S. Parent Application Serial Number:	Parent Filing	Date: Par	ent Patent No.:		
PCT Parent Number:	Parent Filing I	Date:			
LISTING OF US APPLICATIONS CONTINUED ON PAGE 3 HEREOF: 🗌 YES 🔯 NO					

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to

transact all business in the Patent and Trademark Office connected therewith: Customer Number 000530

DIRECT ALL CORRESPONDENCE TO: Customer No. 000530

DECLARATION -- Page 2

ATTORNEY DOCKET NO.

I hereby declare that all statements made is not my own knowledge are true and that all statements made on information and belief are believed to be true; and further, that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first inventor (given name, family name): CHRISTOPHER M. KIM		•
Inventor's signature My have	Date	July 12, 2000
Residence: 11 Yellowbrook Road, Holmdel, NJ 07733 Citizenship: U.S.A. Post Office Address: 11 Yellowbrook Road, Holmdel, NJ 07733		
Full name of second joint inventor, if any (given name, family name)		·
Second Inventor's signature	Date	10-70-70-7
Residence: Citizenship: Post Office Address:		
Full name of third joint inventor, if any (given name, family name):		
Third Inventor's signature	Date	
Residence: Citizenship:		
Full name of fourth joint inventor, if any (given name, family name):		
Föurth Inventor's signature	Date	
Residence: Citizenship: Lost Office Address:		
Full name of fifth joint inventor (given name, family name):		
ÉiÉth Inventor's signature	Date	
Residence: Citizenship: Post Office Address:		
Full name of sixth joint inventor, if any (given name, family name):		
Sixth Inventor's signature	Date	
Residence: Citizenship: Post Office Address:		
Full name of seventh joint inventor, if any (given name, family name):		
Seventh Inventor's signature	_Date _	
Residence: Citizenship: Post Office Address:		
Full name of eighth joint inventor, if any (given name, family name):		
Eighth Inventor's signature	_Date _	
Residence: Citizenship: Post Office Address:		
Additional inventors are being named on separately numbered sheets attached hereto		

Applicant or Patentee: Christopher M. Kim
Application or Patent N Enclosed herewith Filed or Issued:

Attorney's Docket No. CKIM 3.0-001

Title: BEE VENOM TREATMENT WITHOUT THE STING

STATEMENT CLAIMING SMALL ENTITY STATUS (37 C.F.R. §§ 1.9(f) and 1.27(b)) - INDEPENDENT INVENTOR

(5. 512.111. 55	(2, 33333 2121, (2, 7,	
inventor as defined in 37	I hereby state that I qua C.F.R. § 1.9(c) for purpo demark Office described in:	oses of paying reduced
		s listed above.
obligation under contract rights in the invention independent inventor under invention, or to any concern under 37 C.F.R. § 1.9(e).	anted, conveyed or licens or law to assign, grant, to any person who woul 37 C.F.R. § 1.9(c) if the ern which would not quality § 1.9(d) or a nonprofi	convey or license, any d not qualify as an at person had made the by as a small business t organization under
conveyed, or licensed, or	organization to which I had am under an obligation un license, any rights in the	der contract or law to
Each such person, *** **NOTE: Separate states	ncern or organization exist concern or organization is ments are required from having rights to the invest. (37 C.F.R. § 1.27)	listed below. each named person,
FULL NAME: Christopher M. ADDRESS: 11 Yellowbrook R ☑ INDIVIDUAL ☐ SMALL BUS		r ORGANIZATION
FULL NAME: ADDRESS: ☐ INDIVIDUAL ☐ SMALL BUS	SINESS CONCERN NONPROFI	r ORGANIZATION
of any change in status of status prior to paying, or fee or any maintenance fe	file, in this application of resulting in loss of entity at the time of paying, the due after the date on with the control of	lement to small entity e earliest of the issue hich status as a small
Christopher M. Kim		
NAME OF INVENTOR	NAME OF INVENTOR	NAME OF INVENTOR
Signature of Inventor	Signature of Inventor	Signature of Inventor
July 12, 2000		
Date'	Date	Date